

SAS INSTITUTE INC. ELECTRONIC PAYMENT AGREEMENT

SAS Institute Inc. policy states that all suppliers, contractors, customers, speakers, expense reimbursements (anyone that SAS Institute is paying), be paid electronically. You must accept your payments from us electronically through the Automated Clearing House (ACH). Receiving payments electronically will:

- ** Provide you with faster receipt of payment**
- ** Save you time (you do not have to handle or deposit checks); and**
- ** Reduce your risk (payment is deposited directly in your account)**

Complete the ACH Authorization Agreement on the next page and return to bookroyalties@sas.com

If you have questions, contact Amy Pendleton at (919) 531-2336 or amy.pendleton@sas.com

ACH Authorization Agreement

Vendor/Contractor Information for Automatic Deposit of Payment (ACH-EFT)

Name/Company Name: _____
Remit To Address: _____
City, State, and Zip Code: _____
Telephone: () _____ Fax: () _____
Federal ID number: _____
Email Address: _____
Company Contact: _____

(Note: No supporting data will be mailed – only email notification of payments.)

SAS Institute Inc. has the ability to send payments using the ANSI X12 820 Payment Order/Remittance Advice transaction set. Please inform us of any documentation required by your organization in order to begin this process.

Depository Institution Information (U.S. Bank in which your funds are deposited)

Depository Institution Name: _____
Street Address: _____
City, State, and Zip Code: _____
Telephone: () _____ Fax: () _____

Account Information

Bank Routing number (US Accts) _____

Bank Account number: _____

Type of Account

Checking** _____ Savings** _____

Lockbox – number: _____

***Please attach a voided check or check copy for your Account.

If no check is available please call your bank and verify the ACH Routing number.

The routing number is usually not correct from a deposit slip, so please verify before sending.**

Authorization

I (We) hereby authorize the addressee to initiate credit entries to the Depository named above. This authority is to remain in effect until the Addressee and Depository has received written notification of termination at such time and in such manner as to afford the Depository bank a reasonable opportunity to act on it. **The addressee must be notified in writing of any bank account changes/closures a minimum of 30 days in advance. If a change involves a bank other than that listed above a new ACH-EFT enrollment form will have to be completed.**

Name/Title (Type or Print)

Authorized Signature

Date

Note: Please email this form to payables@sas.com. See page 1 for more options.

*Provide bank swift number instead of routing number for international accounts here: _____

Internal Use Only

Supplier Number _____ Initials _____ Date Entered _____

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